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EFFECTIVENESS OF GROUP WORK INTERVENTION ON WORK STRESS OF ANGANWADI WORKERS

Bindu Rani. P [1] | Dr. Rameela Shekhar [2]

[1] Ph.D Scholar, Mangala Gangothri, Mangalore University, Dhakshina Kannada, Karnataka, India.

[2] Dean, School of Social Work, Roshni Nilaya, Mangalore, Dhakshina Kannada, Karnataka, India.

ABSTRACT

Anganwadi workers play a significant role in delivery of ICDS services to children and mother. Researcher in this paper aims to access the level of work stress and difference in level of work stress after the group work intervention among (N = 105) Anganwadi Workers chosen through cluster random sampling method. The Research shows that, there is high significant ($p<0.05$) difference in pre and post-test work stress score in experiment group and high significant association between the level work stresses with the demographic variable such as education and annual income. It recommended that Group work intervention with groups helps to share their problems and resolve them and would help develop better strategies to deal with problems.

KEYWORDS: Anganwadi Workers, Work Stress, Group Work Intervention.

Introduction

Integrated Child Development Scheme launched on 2nd October 1975 in 33 Community Development Blocks in India. ICDS is the foremost symbol of India's commitment to children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. A person is appointed who is expected to act as a link between the people and organized health care so as to ensure the health and educational needs of children between the age of 0 and 6 are met. This appointed person is referred as the Anganwadi Worker. They play a significant role in providing special care to the children and mother. In this context the stable physical and psychological health status of the Anganwadi worker is very much essential. A physically and psychologically healthy person's work efficiency will improve the functioning of an organization. UNICEF assists the ICDS programme in the spheres of consultancy services, training, communications, supplies, equipment, monitoring, research and evaluation. The Southern Regional Centre of the National Institute of Public Co-operation and Child Development (NIPCCD) located at Bangalore is an apex body catering to the training needs of senior level Integrated Child Development Services functionaries like Deputy Directors/Programme Officers/ CDPOs/ACDPOs. At present there is one Middle Level Training Centre (MLTC) at Ujire (Dakshina Kannada) which is catering to the training needs of ICDS supervisors. The state has 19 Anganwadi Workers Training Centres (AWTCs) which are run by NGOs for training Anganawadi workers and helpers. To support their work and enhance the knowledge regular training are imparted to AWWs.

- Induction Training (on initial engagement/appointment) mainly to AWWs
- Job/Orientation Training (once during service period)
- Refresher Training (in-service, once in every two years)

When stress becomes excessive, employees develop various symptoms of stress that can hamper their job performance and health and even threaten their ability to cope with the environment. One cannot escape from stress in modern life but through research, various stress factors can be recognised and through intervention can be reduce the stress. In this context, the present study was undertaken to find out the level of role stress among Anganwadi Workers.

Stress may be defined as "a state of psychological and / or physiological imbalance resulting from the disparity between situational demand and the individual's ability and / or motivation to meet those demands." Stress is an unpleasant psychological and physiological state caused due to some internal or external demands that go beyond our capacity.

The concept of stress was first introduced in the life sciences by Selye Hans in 1936. It was derived from the Latin word 'stringere'; it meant the experience of physical hardship, starvation, torture and pain. The Oxford Dictionary definition is that “Stress is a demand upon physical or mental energy”. Stress is a normal physical response to events that make you feel threatened or upset your balance in some way.

Work Stress

Work stressors are working conditions that over whelm the adaptive capabilities and resources of workers, resulting in acute psychological, behavioral, or physical reactions. Prolonged exposure to a stressful working condition may lead to illness or disease. This definition emphasizes the role of stressful occupational conditions in worker's health and well-being. Although individual factors (such as coping strategies) and social resources can modify the reaction to occupational stressors to some degree, it is certain that working conditions that places workers at risk for developing health problems. Job stressors commonly include job/ task demands (work overload, lack of task control), organizational factors (poor interpersonal relations, unfair management practices, discriminatory hiring practices), and physical conditions (noise). Additional sources of stress include financial and economic factors, conflict between work and family roles, sex-specific stressors (sexual harassment), training and career development issues, and poor organizational climate (values, communication styles, etc). Stress can cause psychological (affective and somatic responses, job dissatisfaction), behavioral (sleep problems, absenteeism), or physical (changes in blood pressure) reactions. Prolonged exposure to job stressors may produce psychological and physical illnesses, such as depression and coronary heart disease. Stress is also seen to play a part in diseases related to lifestyle, where the degree to which a person eats, smokes, drinks alcohol, and exercises play a role. High blood pressure and heart disease are accepted now as having a proven link to stress.

In spite of the ongoing training programme and occupational intervention based research studies, there are shortcomings in the functioning of ICDS and the Anganwadi Wokers. Therefore, in this study the attempt has been made assess the effectiveness of the Group Work Intervention programme on the Work Stress of Anganwadi workers.

Review of Literature

Seema Roy and K. Vanaja (1989) have done study to assess the impact of an intervention programme on conceptual teaching skills and knowledge of AWWs, and performance of preschool children regarding various concepts. The post-intervention scores of AWWs of the experimental group showed a significant improvement in the skill implementation and cent per cent improvement in their knowledge. The improvement was seen in areas like knowledge about AW activities; play way methods for providing conceptual experiences; utility aspect of indigenous play material; arousing curiosity and developing concepts in children. It was found that the level of significance for the concept of colour, size, shape, time perception and sequential thinking was 0.01. The study recommended that, Intervention programme should be organized for AWWs to enhance their knowledge and skills regarding preschool education.

Mohanan, et al (2012) studied the stress among the anganwadi workers and the factors that are related to the stress. The data shows that, most of the Anganwadi workers are in mid age, married and matriculation pass, with 10 years of work experience. It further reveals that, the cause for stress is dissatisfaction with the supply of the food resources and the level of stress is associated with the age of the anganwadi workers and the Body Mass Index (BMI).There is significant association between Sleep disturbances and stress (P=0.008), supply of the food resources and stress (P= 0.042).

Patil SB, Doibale MK (2013) planned to assess knowledge of AWWs & problems faced by them while working. Most of AWWs were from the age group of between 41-50 years; more than half of them were matriculate and 34 (69.38%) workers had an experience of more than 10 yrs. They had best knowledge about

nutrition and health education (70%), 87.7% of the workers complained of inadequate honorarium, 28.5% complained of lack of help from community and other problems reported were infrastructure related supply, excessive work overload and record maintenance.

Shetal Barodia (2013) pointed out that, majority of the anganwadi workers (AWWs) were in 31 and 40 years of age (mean age=38.5 yrs.). About 34% of respondents were graduates and about 32% respondents were 12th class passed. The study also revealed that, 43% of anganwadi did not have proper cooking place, majority (80%) of the respondents reported that they did not have safe storage facilities for raw material of cooking, more than 50% respondents reported that they did not get help from the community for health check -up and immunization. It is revealed that due to these difficulties the AWWS feel stressed in regular working which may affect the job satisfaction of AWWs.

The study by Asha K.P. (2014) revealed that, the factors like educational status of anganwadi worker, job status, infrastructure facility, logistic facility, supervision, inter sectorial coordination, support from health department and community participation showed a statistical significant association with efficiency of anganwadi centers, it recommended that, community participation and coordinated work with other departments also help in accomplishing the objectives of ICDS.

An intervention study was done by Chandra prabha (2016) with the objective to evaluate the changes in knowledge of Anganwadi workers regarding growth monitoring through knowledge up-gradation training. The mean score of knowledge was around 19.7 (max. Score was 30) in both the blocks during baseline survey and almost all the AWWs were having either average or good knowledge of growth monitoring. The mean knowledge scores of AWWs in experiment (25.32±2.44) and control (20.35±2.70) blocks shows that there is significant difference ($p<0.001$) and 48.5% of AWWs were having excellent knowledge about growth monitoring in experiment group ($p<0.01$), while the situation was unchanged in control group.

Muntazir Maqbool Kermane. (2016) assessed the stress level among the Employed women and house wives and its management through Progressive muscle relaxation (PMRT) and Mindfulness breathing. Results reveal that the stress level was high among the employed women in comparison to house wives. Intervention sessions of Progressive muscular relaxation technique (PMRT) and mindfulness breathing were provided to the experimental group of 25 Employed women and no intervention was given to other 25 employed women i.e., control group. The effectiveness of the intervention is statistically significant in the study. There was significant decline in the stress level of Experimental group of employed women and no decline in the control group. The stress level was reduced from moderate to low level.

There are very few studies done on job stress of Anganwadi Workers and no studies found on Social Group Work Intervention on job stress of Anganwadi Workers. Thus this study would throw some light on enhancing the work efficiency of Anganwadi Workers which in turn increases the efficiency of the programme itself.

Methodology

An Experimental research design is used for study purpose. Randomization and control of trials is used to test the efficacy or effectiveness of the Group Work Intervention programme on the Work Stress of Anganwadi workers.

Objectives

1. To assess the level of work related stress among Anganwadi Workers.
2. To assess the difference in level of work related stress among Anganwadi Workers after the Group Work Intervention.

Research Sampling

The Anganwadi workers were chosen through Cluster Random Sampling method from Mangalore taluk. The intervention group of AWWs was selected from Shakthi Nagar Cluster and Pandeshwar Cluster while control group of AWWs were chosen from Kadri, Kudupu and Attavar cluster, which are all Urban centres.

Interventions

Group of 50 Anganwadi workers received intervention whereas 55 Anganwadi workers have not received any intervention. Data was collected from (N=105) Anganwadi workers (female) and compared on the basis of pre and post-test measures through measurements of the Work Stress Scale (Ivancevich and Matteson. 1980). The Group Work Intervention was given to group of 15-20 Anganwadi workers per session. Handouts were also provided to them which were translated to Kannada language for better understanding. The training was imparted in local language. Average duration of the training session was one hour (including 30 minutes practical exercise). All the Kannada materials were validated by the Professionals.

Research Results and Discussion

After the data collection, it has been processed and analyzed in accordance with research plan. Data was analyzed using the SPSS -16.

Table No. 1. Demographic profile of Respondents

Demographic variable		Frequency	Percentage
Age	21-30	0	0
	31-40	32	30.5
	41-50	49	46.7
	51-60	24	22.8
Education	matriculate	69	65.7
	P.U.C	31	29.5
	Graduate	5	4.8
Marital status	married	86	81.9
	unmarried	11	10.5
	widow	8	7.6
Religion	Hindu	84	80.0
	Christian	12	11.4
	Islam	9	8.6
Caste	General	93	88.6
	S.C	9	8.6
	S.T	3	2.8
Family type	nuclear family	75	71.4
	joint family	30	28.6
Annual income	50000-70000	60	57.1
	71000-100000	34	32.4
	100000 and above	11	10.5
Years of Service	3-5 years	8	7.6
	6-10 years	57	54.3
	11-25 years	26	24.8
	26-35 years	14	13.3
No of RC	Not attended	0	0
	1-3times	46	43.8
	4-6 times	42	40.0
	7-10 times	17	16.2

46.7% of the Anganwadi Workers are in middle age (41-50 years) and 65.7% of the Anganwadi Workers have educational qualification up to 10th standard and very few of them (4.8%), are educated up to graduate. Hence, it is analyzed that majority of the anganwadi workers have their educational qualification up to matriculation because education norms for selection of AWW are minimum 8th standard pass. It is seen that majority (81.9%) of respondents are married. Married women experience dual role pressures more than single women. Majority (80%) of the respondents belongs to Hindu religion and (88.6%) in general caste category. 57.1 % of the respondents have annual income in range of 71000-100000 and 71.4% of the respondents belong to nuclear family. The study further revealed that 54.3% of the respondents have 6-10 years of service experience and 43.8 % of the respondents have undergone refresher course 1-3 times.

Table No. 2. Frequency and percentage distribution of level of work stress among Anganwadi workers in experimental and control group

Group	Level of work stress	Frequency	percent
Experiment	Low	6	12.0
	Moderate	26	52.0
	High	18	36.0
Control	Low	6	10.9
	Moderate	39	70.9
	High	10	18.2

Frequency and percentage distribution of the level of Work Stress among anganwadi workers of Experimental group, shows 26 (52%) of them had moderate Work Stress and 18 (36%) of them had high Work Stress. In control group it shows that, 39 (70.9%) of them had moderate work stress and 10 (18.2%) of them had high work stress. In general it shows moderate and high job stress which is due to work overload, role conflict and role ambiguity, is present among the Anganwadi Workers. So it is essential to help them to adopt better stress management techniques.

Table No. 3 Paired-t test value, mean, standard deviation of Work stress of experiment and control group before and after intervention

Group	variable	Mean	Std. Deviation	Mean difference	T	df	p- value
Urban Experiment	Pre test	125.72	34.439	56.140	16.055	49	.000 P<0.05 HS
	Post test	69.58	23.763				
Urban Control	Pre test	112.07	32.151	1.400	1.203	54	.234 P>0.05 NS
	Post test	113.47	32.035				

The above Table shows that the mean and standard deviation of post-test work stress score of anganwadi workers in experimental group (69.58± 23.763) was lesser than pre-test value (125.72± 34.439).

It shows the mean difference is 56.140 and the calculated 't' value of work stress using paired 't' test was 16.06 is highly significant (p<0.05). Hence there is significant difference in pre and post-test work stress score in experiment group. It can be seen that, the mean difference between the two scores in control (1.400) with an obtained t-value using paired 't' test was 1.203, and the statistical significance (2-tailed p-value) of the paired t-test is .234, which is statistically not significant. It is clear that the Experimental Group differ in their work stress score after the intervention, whereas the control group do not differ in their work stress significantly. This indicates that there was reduction in the level of work stress in Experiment group after being exposed to Group Work Intervention, which proves its efficacy.

Table No. 4 Association between the Demographic Variables and Work Stress

Demographic variable		_< median	>Median	df	p-Value
Age	31-40	21	11	2	.091
	41-50	23	26		NS
	51-60	9	15		
Education	Matriculate	25	44	2	.000
	P.U.C	23	8		
	Graduate	5	0		HS
Marital Status	Married	46	40	2	.422
	Unmarried	4	7		
	Widow	3	5		NS
Religion	Hindu	41	43	2	.786
	Christian	7	5		NS
	Islam	5	4		
Caste	General	46	47	2	.800
	S.C	5	4		NS
	S.T	2	1		
Annual Income	50000-70000	14	46	2	.000
	71000-100000	28	6		
	100000 and above	11	0		HS
Years Of Service	3-5 years	0	8	3	.016
	6-10 years	32	27		
	11-25 years	12	13		S
	26-35 years	9	4		
Number Of R.C	1-3	18	28	2	.030
	4-6	22	20		S
	7-10	13	4		

The above Table shows the association between the selected Demographic variables like age, education, marital status, religion, caste, annual income, years of service and number of refresher courses attended with Work stress of Anganwadi workers.

It can be seen that there is a high significant association between the level work stresses with the selected demographic variable such as education and annual income.

There is no association between the work stress and the other demographic variables as age, marital status, religion and caste.

It can be seen that there is a significant association between the level of work stress with the demographic variables like years of service and number of refresher course attended.

Discussion:

The Research revealed that 46.7% of the Anganwadi Workers are in middle age (41-50) and 65.7% of the Anganwadi Workers have educational qualification up to 10th standard and very few of them (4.8%), are educated up to graduate. Majority (81.9%) of the respondents are married, (80%) of the respondents belong to Hindu religion, (88.6%) in general caste category and (57.1 %) of the respondents have annual income in range of 71000-100000. The study further revealed that most of the respondents have 6-10 years of service experience and have undergone refresher course 1-3 times. Similar results are seen in a study by Patil SB, Doibale MK (2013) which revealed that, most of AWWs were from the age group of between 41-50 years; more than half of them were matriculate and 34 (69.38%) workers had an experience of more than 10 years.

The present study shows that, in both Experiment group and control group most of them had moderate Work Stress and high Work Stress, which is due to work overload, role conflict and role ambiguity, it reduces their interest and efficiency to work. A study done by Mohanan et al, (2012) reveals that, the cause for stress is dissatisfaction with the supply of the food resources and the level of stress is related with the ages of the anganwadi workers and the Body Mass Index (BMI). There is significant association between Sleep disturbances and stress (P=0.008), supply of the food resources and stress (P= 0.042). Patil SB, Doibale MK (2013) shows that, majority (81.63 %) of AWWs had a knowledge assessment score of above 50%. They had best knowledge about nutrition and health education (70%).87.7% of the workers complained of inadequate honorarium, 28.5% complained of lack of help from community and other problems reported were infrastructure related supply, excessive work overload and record maintenance. Similarly, a study done by Shetal Barodia (2013) highlights that majority of the anganwadi workers (AWWs) were in 31 and 40 years of age (mean age=38.5 yrs.), 32% were 12th class pass, little more than two third of the respondents had experience between 0 and 9 years and only one respondent had more than 30 years of working experience. Further it revealed that AWWS felt stress due to lack of safe storage facilities and proper cooking place, lack of support and help from the community for health check -up and immunization.

The present study found that the mean and standard deviation of post-test work stress score of anganwadi workers in experimental group was lesser than pre-test value of the same respondents, highlighting that there is highly significant (p<0.05) difference in pre and post-test work stress score in experiment group, whereas, in control group it was statistically not significant, which indicates that there was reduction in the level of work stress in Experiment group after exposed to Intervention. It was supported by a study on effectiveness of planned teaching programme regarding conceptual teaching skills and knowledge of AWWs, and performance of preschool children regarding various concepts by Seema Roy and K. Vanaja (1989). It reveals that the post-intervention scores of AWWs of the experimental group showed a significant improvement in the skill implementation and cent per cent improvement in their knowledge. The study recommended that, Intervention programme should be organized for AWWs to enhance their knowledge and skills regarding preschool education. Another intervention by Chandra prabha (2016) shows that, the mean score of knowledge was around 19.7 (max. Score was 30) and almost all the AWWs were having either average or good knowledge of growth monitoring. The mean knowledge scores of AWWs observed between the in intervention (25.32±2.44) and control (20.35±2.70) in post intervention is significant (p<0.01) and 48.5% of AWWs were having excellent knowledge about growth monitoring in experiment group (p<0.01), while the situation was unchanged in control group.

The current study indicates that there is high significant association between the level work stresses with the selected demographic variable such as education, annual income and significant association between the level of work stress with the demographic variables like years of service and number of refresher course attended, whereas no association between the work stress and the other demographic variables as age, marital status, religion and caste. Similarly a study by Asha K.P. (2014) also revealed that, the factors like educational status of anganwadi worker, job status, infrastructure facility, logistic facility, supervision, inter sectorial coordination, support from health department and community participation showed a statistical significant association with efficiency of anganwadi centres. The study recommended that, community participation and coordinated work with other departments also help in accomplishing the objectives of ICDS.

Conclusion:

The aspects related to work stress included in training of Anganwadi Workers will help in increasing the ability to understand the ways to deal with work-related problems. There is a definite link between work stress and provision of care. Hence enabling the Anganwadi workers to maintain their physical and psychological status is very much essential. Group work intervention helps to share their problems and resolve them. Forming Anganwadi Workers into groups would help develop coping strength to deal with the problems. So this was an attempt to assess the effectiveness of Group Work Intervention on the work stress and the job performance of Anganwadi Workers.

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